555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775)
684-4DMV (4368)
Rural Nevada (877) 368-7828
Fax: (775) 684-4829
Website: www.dmvnv.com

Request for Re-Evaluation

This form must be accompanied by an affidavit from a physician indicating that the physician agrees the driver designated below should be re-examined to determine whether or not they could safely operate a motor vehicle.

I believe the following driver should be re-examined:

NAME _____

ADDRESS _____

SSN _____

DOB _____

DRIVERS LICENSE NUMBER _____

This driver's difficulties were brought to my attention because:

- ☐ The driver was involved in an accident.
- ☐ The driver committed a traffic violation.
- ☐ Other (please explain)

_____

_____

_____

_____

Please describe in detail the nature of the disability and how it impairs this person's ability to drive safely. Describe the incident and list the names of any witnesses. In addition, please indicate the date of the occurrence. If additional space is needed, please attach another sheet of paper.

_____

_____

_____

I hereby certify all statements on this affidavit are true and correct to the best of my knowledge. I agree and understand that if an administrative hearing is held based on my request for re-examination of this driver, I may be required to appear and testify.

Name (please print) _____

Signature _____ Drivers License Number _____

Relationship to Driver _____ Telephone Number _____

Address _____

_____

Subscribed and sworn before me this _____ day of _____ , 20 _____

Notary Public or
DMV Representative _____